# MIAMI-DADE COUNTY
# HUMAN RESOURCES
# FINGERPRINT AND I.D. INFORMATION

Last Name: _____   First Name: _____   Middle Initial: _____

Address: _____   Apt #: _____

City: _____   State: _____   Zip Code: _____

Date of Birth: _____   Place of Birth (State or Country): _____

Gender: _____   Height: _____'Ft. _____"Inch.   Weight: _____Lbs.   Eyes: _____   Hair: _____

Race which you would be identified (Please Check One):

_____White   _____Black   _____Hispanic   _____Asian   _____other

Are you a US Citizen?   Yes _____   No _____   Social Security #: _____

Department: _____   Occupation: _____

Start Date: _____

To be filled by **Department Personnel Only**.

Please provide index code on PCD for New Hire Orientation Purposes only.

Job Opening #: _____   Index Code: _____

Temp Agency (If Applicable): _____

I hereby certify that all statements made are true to the best of my knowledge.

Signature: _____   Date: _____